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## LAMPIRAN

### Lampiran 1 *Informed consent*

#### LEMBAR PERSETUJUAN MENJADI RESPONDEN PENELITIAN

##### (*INFORMED CONSENT*)

Saya yang mengisi identitas di bawah ini, menyatakan bersedia menjadi responden atas penelitian yang dilakukan oleh **MS Fauziyah Hamzah**, mahasiswa Program Studi Fisioterapi Fakultas Keperawatan Universitas Hasanuddin Makassar dengan dosen pembimbing :

1. Andi Besse Ahsaniyah A. Hafid, S.Ft., Physio., M.Kes.
2. Meutiah Mutmainnah, S.Ft., Physio., M.Kes

Telah mendapat keterangan secara terinci dan jelas mengenai :

- a. Penelitian yang berjudul “**Analisis Faktor Risiko Kejadian Dismenorea pada Dewasa Muda di kota Makassar**”
- b. Penjelasan pengisian kuesioner
- c. Prosedur penelitian
- d. Kerahasiaan Informasi

Saya sebagai subyek penelitian mendapat kesempatan mengajukan pertanyaan mengenai segala sesuatu yang berhubungan dengan penelitian tersebut. Oleh karena itu saya bersedia secara sukarela untuk menjadi subyek penelitian dengan penuh kesadaran dan tanpa paksaan.

Demikian pernyataan ini saya buat dengan sebenarnya tanpa tekanan dari pihak manapun.

Peneliti dapat dihubungi di :

082346936995 (Fauziyah)

**Lampiran 2 Kuesioner Dismenore****KUESIONER DISMENORE**

**Nama/inisial :**

**Usia saat ini :**

**Alamat Domisili :**

**Asal Universitas :**

1. Berapa usia Anda saat pertama kali menstruasi/haid?
2. Kapan menstruasi/haid terakhir Anda? (tanggal, bulan, dan tahun)
3. Berapa lama Anda mengalami menstruasi/haid saat menstruasi/haid terakhir? (sesuai pertanyaan nomor 2)
  - a. <5 hari
  - b. 5 – 7 hari
  - c. >7 hari (Sebutkan .....
4. Kapan nyeri perut bawah mulai dirasakan sewaktu menstruasi/haid terakhir?
  - a. Hari pertama menstruasi
  - b. Hari kedua menstruasi
  - c. Hari ketiga menstruasi
  - d. Tidak ada nyeri selama menstruasi/haid
  - e. Lainnya :
5. Apakah Anda merasakan nyeri seperti ini setiap menstruasi/haid?
  - a. Ya
  - b. Tidak
6. Sejak kapan Anda mengalami nyeri perut bawah ketika menstruasi/haid?
  - a. Sejak menstruasi pertama kali
  - b. Satu tahun terakhir
  - c. Tiga bulan terakhir
  - d. Tidak pernah merasakan nyeri menstruasi/haid
  - e. Lainnya :

7. Berapa rata-rata jarak menstruasi/haid selama **tiga bulan terakhir**?  
(Terhitung hari pertama menstruasi sebelumnya sampai hari pertama menstruasi berikutnya. Misalnya 11 januari sampai 11 februari = 32 hari)
  - a. Setiap  $<21$  hari
  - b. Setiap 21 – 35 hari
  - c. Setiap  $\geq 35$  hari
8. Berapa tingkat nyeri menstruasi/haid yang Anda rasakan saat menstruasi terakhir jika diukur menggunakan angka 0-10?
  - a. 0 = Tidak ada nyeri
  - b. 1-3 = Hanya sedikit nyeri yang dirasakan.
  - c. 4-6 = Nyeri sedang, dapat menentukan lokasi spesifik nyeri, nyeri bisa berkurang dengan alih posisi (misalnya duduk atau baring) aktivitas lumayan terganggu.
  - d. 7-10 = Nyeri berat, tidak dapat menentukan lokasi spesifik nyeri, nyeri tidak berkurang dengan alih posisi (misalnya duduk atau baring), tidak dapat beraktivitas.
9. Adakah keluhan lain yang menyertai nyeri perut bawah maupun kram perut bawah? Jika ada, sebutkan! (Misalnya mual, muntah, sakit kepala, nyeri pinggang, dll)
10. Apakah ada anggota keluarga Anda (ibu kandung atau saudara kandung) yang mengalami nyeri menstruasi/haid seperti yang Anda rasakan?
  - a. Ya
  - b. Tidak

### Lampiran 3 Hasil Uji Validitas dan Reliabilitas Kuesioner Dismenorea

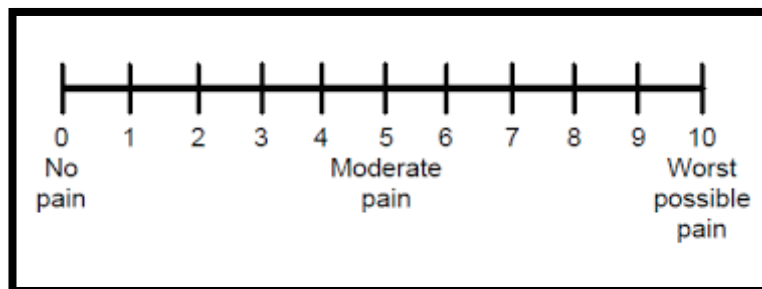
		Significance 5%	
Spearman's rho	Usia_Menarche	Correlation Coefficient	,320
		Sig. (2-tailed)	,004
		N	55
	Lama_Menstruasi	Correlation Coefficient	,284
		Sig. (2-tailed)	,003
		N	55
	Nyeri_Perut_Bawah_Mulai_dirasakan	Correlation Coefficient	,289
		Sig. (2-tailed)	,003
		N	55
	Nyeri_Terjadi_Selama_Menstruasi	Correlation Coefficient	,379
		Sig. (2-tailed)	,002
		N	55
	Sejak_Kapan_Nyeri_Mulai_Dirasakan	Correlation Coefficient	,428
		Sig. (2-tailed)	,001
		N	55
	Siklus_Menstruasi	Correlation Coefficient	,366
		Sig. (2-tailed)	,002
		N	55
	Intensitas_Nyeri	Correlation Coefficient	,581
		Sig. (2-tailed)	,001
		N	55
	Keluhan_Lain	Correlation Coefficient	,297
		Sig. (2-tailed)	,001
		N	55
Riwayat_Keluarga	Correlation Coefficient	,271	
	Sig. (2-tailed)	,001	
	N	55	

### *Cronbach's Alpha*

Item-Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Siklus_Menstruasi	35,77	19,432	,558	,149	,734
Intensitas_Nyeri	35,62	16,773	,691	,676	,726
Keluhan_Lain	36,85	19,015	,589	,258	,659
Riwayat_Keluarga	37,69	17,551	,429	,169	,692
Usia_Menarche	37,76	17,443	,481	,298	,886
Lama_Menstruasi	37,11	17,914	,473	,196	,728
Nyeri_Perut_Bawah_Mulai_dirasakan	36,78	18,359	,009	,349	,721
Nyeri_Terjadi_Selama_Menstruasi	35,87	19,558	,010	,439	,889
Sejak_Kapan_Nyeri_Mulai_Dirasakan	37,35	16,193	,034	,225	,752

Item-Total Statistics	
	Cronbach's Alpha if Item Deleted
Siklus_Menstruasi	,734
Intensitas_Nyeri	,726
Keluhan_Lain	,659
Riwayat_Keluarga	,692
Usia_Menarche	,886
Lama_Menstruasi	,728
Nyeri_Perut_Bawah_Mulai_dirasakan	,721
Nyeri_Terjadi_Selama_Menstruasi	,889
Sejak_Kapan_Nyeri_Mulai_Dirasakan	,752

### *Lampiran 4 Numeric Rating Scale*



## Lampiran 5 Surat Izin Penelitian



PEMERINTAH PROVINSI SULAWESI SELATAN  
**DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU**  
 BIDANG PENYELENGGARAAN PELAYANAN PERIZINAN

Nomor : 13723/S.01/PTSP/2021  
 Lampiran :  
 Perihal : Izin Penelitian

Kepada Yth.  
 Walikota Makassar

di-  
**Tempat**

Berdasarkan surat Dekan Fak. Keperawatan UNHAS Makassar Nomor : 2188//UN4.18.1/PT.01.04/2021 tanggal 19 April 2021 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

Nama : **MS FAUZIYAH HAMZAH**  
 Nomor Pokok : C041171004  
 Program Studi : Fisioterapi  
 Pekerjaan/Lembaga : Mahasiswa(S1)  
 Alamat : Jl. P. Kemerdekaan Km. 10, Makassar

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka penyusunan Skripsi, dengan judul :

" **ANALISIS FAKTOR RISIKO KEJADIAN DISMENOREA PADA DEWASA MUDA DI KOTA MAKASSAR** "

Yang akan dilaksanakan dari : Tgl. **22 April s/d 22 Mei 2021**

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami *menyetujui* kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Dokumen ini ditandatangani secara elektronik dan Surat ini dapat dibuktikan keasliannya dengan menggunakan **barcode**,

Demikian surat izin penelitian ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar  
 Pada tanggal : 22 April 2021

A.n. GUBERNUR SULAWESI SELATAN  
**KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU**  
**SATU PINTU PROVINSI SULAWESI SELATAN**  
 Selaku Administrator Pelayanan Perizinan Terpadu

**Dr. JAYADI NAS, S.Sos., M.Si**  
 Pangkat : Pembina Tk.I  
 Nip : 19710501 199803 1 004

Tembusan Yth  
 1. Dekan Fak. Keperawatan UNHAS Makassar di Makassar;  
 2. *Pertinggal*.

SIMAP PTSP 22-04-2021



Jl. Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936  
 Website : <http://simap.sulselprov.go.id> Email : [ptsp@sulselprov.go.id](mailto:ptsp@sulselprov.go.id)  
 Makassar 90231





## Lampiran 6 Surat Keterangan Lolos Kaji Etik



**KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN  
UNIVERSITAS HASANUDDIN  
FAKULTAS KESEHATAN MASYARAKAT  
KOMITE ETIK PENELITIAN KESEHATAN**

Sekretariat :

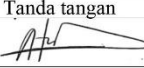

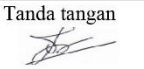
*Jl. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658, 516-005,  
Fax (0411) 586013E-mail : kepkfmuh@gmail.com, website : www.fkm.unhas.ac.id*

**REKOMENDASI PERSETUJUAN ETIK**

Nomor : 3484/UN4.14.1/TP.01.02/2021

Tanggal : 17 Mei 2021

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No.Protokol	7521091096	No. Sponsor Protokol	
Peneliti Utama	<b>MS Fauziyah Hamzah</b>	Sponsor	Pribadi
Judul Penelitian	<b>Analisis Faktor Risiko Kejadian Dismenorea pada Dewasa Muda di Kota Makassar</b>		
No.Versi Protokol	1	Tanggal Versi	7 Mei 2021
No.Versi PSP	1	Tanggal Versi	7 Mei 2021
Tempat Penelitian	<b>Kota Makassar</b>		
Judul Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku <b>17 Mei 2021 sampai 17 Mei 2022</b>	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama : Prof.dr.Veni Hadju, M.Sc, Ph.D	Tanda tangan 	Tanggal 17 Mei 2021 
Sekretaris komisi Etik Penelitian	Nama : Dr. Wahiduddin, SKM., M.Kes	Tanda tangan 	Tanggal 17 Mei 2021

Kewajiban Peneliti Utama :

1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporkan penyimpangan dari protocol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditentukan

## Lampiran 7 Surat Telah Menyelesaikan Penelitian

### SURAT PERNYATAAN TELAH MELAKUKAN PENELITIAN

Yang bertanda tangan di bawah ini:

Nama : MS Fauziah Hamzah

NIM : C041171004

Program Studi : Fisioterapi

Fakultas : Keperawatan

Judul Penelitian : Analisis Faktor Risiko Dismenorea pada Dewasa Muda di  
Kota Makassar

Dengan ini menyatakan dengan sesungguhnya bahwa saya telah melakukan penelitian kepada wanita dewasa muda di kota Makassar menggunakan media *google form* terhitung sejak tanggal 15 April hingga 30 April 2021 untuk memperoleh data penelitian dalam rangka penyusunan skripsi.

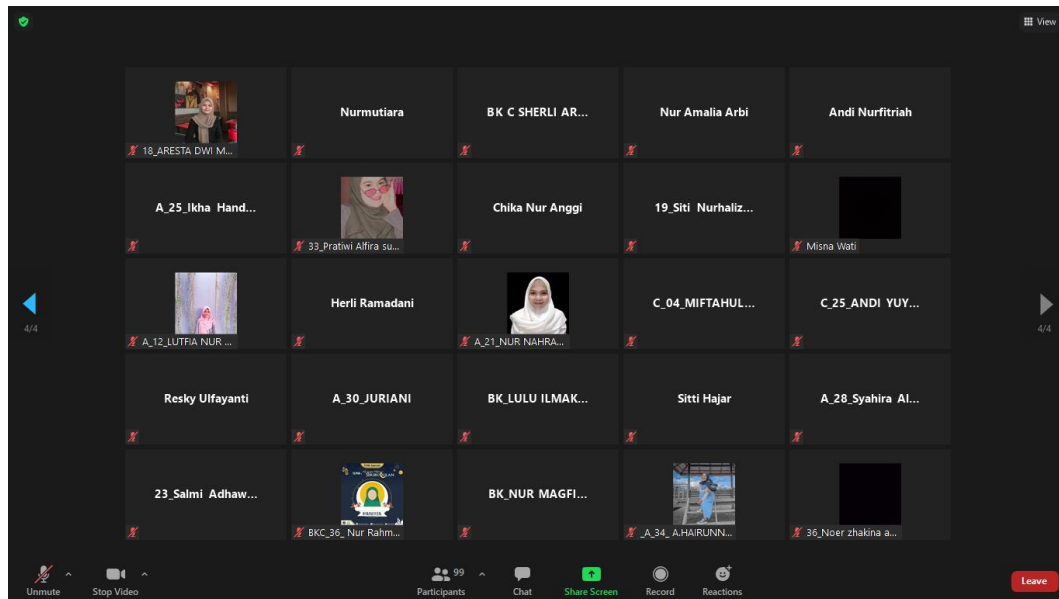
Demikian surat ini saya buat, apabila dikemudian hari dapat dibuktikan bahwa surat ini tidak benar maka saya bersedia menerima sanksi sesuai ketentuan yang berlaku.

Makassar, 1 Mei 2021



(MS Fauziah Hamzah)

## Lampiran 8 Dokumentasi Penelitian



## Lampiran 9 Hasil Uji Normalitas Data

## One-Sample Kolmogorov-Smirnov Test

		Unstandardized Residual
N		235
Normal Parameters <sup>a,b</sup>	Mean	,0000000
	Std. Deviation	,32545164
Most Extreme Differences	Absolute	,387
	Positive	,387
	Negative	-,250
Test Statistic		,387
Asymp. Sig. (2-tailed)		,000 <sup>c</sup>